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CONFIRMATION NO. 7579

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|--|---|-------------------------------|---|--|--------------------------------|
| <b>SERIAL NUMBER</b><br>09/336,392   | <b>FILING OR 371(c) DATE</b><br>06/18/1999<br><b>RULE</b>   | <b>CLASS</b><br>424           | <b>GROUP ART UNIT</b><br>1616   | <b>ATTORNEY DOCKET NO.</b><br>25658-0002 |                                |
| <b>APPLICANTS</b><br>TERRENCE R. GREEN, LAKE OSWEGO, OR;<br>JACK FELLMAN, MCMINNVILLE, OR;   |   |                               |   |  |                                |
| <b>** CONTINUING DATA *****</b><br>This appln claims benefit of 60/090,014 06/19/1998<br>and is a CIP of 09/179,233 10/26/1998 ABN<br>and is a CIP of 09/265,196 03/10/1999 ABN  |   |                               |   |  |                                |
| <b>** FOREIGN APPLICATIONS *****</b>   |   |                               |   |  |                                |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b><br>** 07/16/1999  |   |                               |   |  |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature _____ Initials _____ |   | <b>STATE OR COUNTRY</b><br>OR | <b>SHEETS DRAWING</b><br>10   | <b>TOTAL CLAIMS</b><br>60                | <b>INDEPENDENT CLAIMS</b><br>4 |
| <b>ADDRESS</b><br>STEVEN PREWITT<br>SCHWABE, WILLIAMSON, & WYATT PC<br>1211 SW FIFTH AVENUE<br>SUITE 1600-1900<br>PORTLAND ,OR 97204-3795  |   |                               |   |  |                                |
| <b>TITLE</b><br>MEDICAL DEVICE HAVING ANTI-INFECTIVE AND CONTRACEPTIVE PROPERTIES  |   |                               |   |  |                                |
| <b>FILING FEE RECEIVED</b><br>844  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                |